



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MONROE HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Hilary Dolbee

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Medicare Provider Number: 15-0183

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44082240
Outpatient Patient Service Revenue	\$86402687
Total Gross Patient Service Revenue	\$130484927

2. Deductions From Revenue

Contractual Allowance	\$57500968
Other Deductions	\$45928805
Total Deductions	\$103429773

3. Total Operating Revenue

Net Patient Service Revenue	\$27055154
Other Operating Revenue	\$702040
Total Operating Revenue	\$27757194

4. Operating Expenses

Salaries and Wages	\$9705802	Employee Benefits	\$3377073
Depreciation and Amortization	\$1181308	Interest Expense	\$2578002
Bad Debt	\$33619853	Other Expenses	\$15413474
Total Operating Expenses	\$65875512		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-739155	Total Assets	\$27764863
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$41444987

Total Net Gains	\$-739155
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$62706753	\$49686318	\$13020435
Medicaid	\$22460229	\$17968183	\$4492046
Other Government	\$1396101	\$1116880	\$279221
Other State	\$0	\$0	\$0
Other Payers	\$43921844	\$34658392	\$9263452
Total	\$130484927	\$103429773	\$27055154

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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